

**FEC FORM 9****24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS**

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

|                                   |   |  |  |                       |   |
|-----------------------------------|---|--|--|-----------------------|---|
| (a) Name<br><b>The Media Fund</b> | (b) Address (number and street)<br>888 16th Street NW | (c) City, State and ZIP Code<br>Washington, DC 20006 | (d) Name of Employer or Principal Place of Busines<br>The Media Fund | (e) Occupation<br>N/A | (f) FEC Identification Number<br><b>C W/A</b> |
|-----------------------------------|---|--|--|-----------------------|---|

|                                       |   |                    |
|---------------------------------------|---|--------------------|
| 3. Is This Statement<br>or<br>Amended | <input checked="" type="checkbox"/> New | 4. Covering Period |
|                                       |   | 10/19/2004         |
|                                       |   | 10/20/2004         |

|                                       |            |                         |                     |
|---------------------------------------|------------|-------------------------|---------------------|
| 5. (a) Date of Public Distribution(s) | 10/20/2004 | (b) Communication Title | Saudi Combo Revised |
|---------------------------------------|------------|-------------------------|---------------------|

|  |                              |  |
|--|------------------------------|--|
| 6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
|--|------------------------------|--|

|  |   |                             |
|--|---|-----------------------------|
| 7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
|--|---|-----------------------------|

|   |
|---|
| 8. Custodian of Records   |
| (a) Name<br>Erik Smith  |
| (b) Address (number and street)<br>888 16th Street NW                 |
| (c) City, State and ZIP Code<br>Washington, DC 20006                  |
| (d) Name of Employer or Principal Place of Business<br>The Media Fund |
| (e) Occupation<br>President   |

|                                   |      |
|-----------------------------------|------|
| 9. Total Donations This Statement | 0.00 |
|-----------------------------------|------|

|  |          |
|--|----------|
| 10. Total Disbursements/Obligations This Statement | 45505.30 |
|--|----------|

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Erik Smith

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

FEC FORM 9 (REV. 10/20/98)